

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212553911		
1.) CORPORATION NAME: The Healing Place				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: K. DENNIS SISK 700 DINWIDDIE AVE RICHMOND, VA 23224		DUE DATE: 11/30/2012 SCC ID NO: 05489703 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED			
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY				
4.) STATE OR COUNTRY OF INCORPORATION: VA				
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 700 DINWIDDIE AVENUE CITY/ST/ZIP: RICHMOND, VA 23224				
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
NAME: KEITH EVANS TITLE: PRESIDENT ADDRESS: 4544 SHIRLEY ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23225	<input checked="checked" type="checkbox"/> OFFICER	<input checked="checked" type="checkbox"/> DIRECTOR		
NAME: A BROOKS HOCK TITLE: VICE PRESIDENT ADDRESS: 4012 TOTTENHAM COURT CITY/ST/ZIP/CO: RICHMOND, VA 23233	<input checked="checked" type="checkbox"/> OFFICER	<input checked="checked" type="checkbox"/> DIRECTOR		
NAME: MICHELLE NELSON TITLE: TREASURER ADDRESS: 13906 HAWKINS WOOD COURT CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23114	<input checked="checked" type="checkbox"/> OFFICER	<input checked="checked" type="checkbox"/> DIRECTOR		
NAME: MATTHEW BRYANT TITLE: SECRETARY ADDRESS: 1206 WILIMINGTON AVENUE CITY/ST/ZIP/CO: RICHMOND, VA 23227	<input checked="checked" type="checkbox"/> OFFICER	<input checked="checked" type="checkbox"/> DIRECTOR		
NAME: SHERRIE BRACH TITLE: DIRECTOR ADDRESS: 7219 BATTLION DRIVE CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23116	<input type="checkbox"/> OFFICER	<input checked="checked" type="checkbox"/> DIRECTOR		
NAME: SUZANNE M. BURGER TITLE: DIRECTOR ADDRESS: 412 POPLAR HILL COURT CITY/ST/ZIP/CO: RICHMOND, VA 23229	<input type="checkbox"/> OFFICER	<input checked="checked" type="checkbox"/> DIRECTOR		

NAME:	DAISY BYRD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	16109 FOUNDERS BRIDGE TERR.		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23113		
NAME:	EARL C. COX	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12088 GRASSY CREEK LANE		
CITY/ST/ZIP/CO:	ASHLAND, VA 23005		
NAME:	DONNA G EDWARDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1250 MARSHALL STREET STE 1-200		
CITY/ST/ZIP/CO:	ROOM 206 BOX 980510 RICHMOND, VA 23298-0510		
NAME:	HELEN J RYAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5305 TUCKAHOE AVENUE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23226		
NAME:	H. B. THOMSON, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6806 PARAGON PLACE		
CITY/ST/ZIP/CO:	STE 300 RICHMOND, VA 23230		
NAME:	ALEXANDRA FANNON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11201 BUCKHEARD COURT		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23113		
NAME:	EVERETT HOWERTON, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14 ELLENSVIEW CIRCLE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23226		
NAME:	DENA FRITH MOORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	406 ST. CHRISTOPHER		
CITY/ST/ZIP/CO:	RICHMOND, VA 23226		
NAME:	CASSANDRA SCARBOROUGH, CPA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	901 CHAMBERLAYNE PKWY		
CITY/ST/ZIP/CO:	RICHMOND, VA 23220		
NAME:	DAVID SYLVIA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12912 HOLMBANK LANE		
CITY/ST/ZIP/CO:	HENRICO, VA 23233		
NAME:	STEVIE MCFADDEN TOEPKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2603 EAST FRANKLIN STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23223		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	D. EUGENE WEBB, JR. DIRECTOR 14 BRIDGEWAY ROAD RICHMOND, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY WILT DIRECTOR 3420 WEST FRANKLIN STREET RICHMOND, VA 23221	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KEITH EVANS	KEITH EVANS, PRESIDENT	2/8/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			